



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Alexander, David

SERIAL/PATENT NO.: 10/657,144

FILING/ISSUE DATE: September 9, 2003

TITLE: Interface Device And Method For Interfacing Instruments To Medical Procedure Simulation System

EXAMINER: Maria Stoica

ART UNIT: 3715, 571.272.5564

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CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date printed below:

Date: 9/15/06Name: Monica Pizzaro

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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REVOCATION OF ATTORNEY AND POWER OF ATTORNEY

The undersigned, having authority to act as the owner of the entire title to the patent application identified above, hereby revokes all powers of attorney previously given and hereby appoints all attorneys associated with Customer No. 60140 to act on applicant's behalf before the United States Patent and Trademark Office for the above-identified application and to transact all business in the Patent and Trademark Office in connection therewith.

Please mail all correspondence to the address associated with Customer No. 60140 and direct all telephone calls to David B. Ritchie at (408) 292-5800.

Dated: 31 August 2006  
Laura Peter  
Vice President and General Counsel  
Immersion Medical, Inc.



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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Immersion Medical, Inc.Application No./Patent No.: 10/657,144 Filed/Issue Date: September 9, 2003Entitled: Interface Device And Method For Interfacing Instruments To Medical Procedure Simulation System, a

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title, and interest

The extent (by percentage) of its ownership interest is \_\_\_\_\_ %  
in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

**OR**

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Alexander et al To: HT Medical Systems, Inc.  
The document was recorded in the United States Patent and Trademark Office at Reel 014478, Frame 0230, or for which a copy thereof is attached.
2. From: HT Medical Systems, Inc. To: Immersion Medical, Inc.  
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Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

**[NOTE:** A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

Date

Laura Peter

Printed or Typed Name

Telephone Number

(408) 292-5800

Vice President and General Counsel  
Immersion Medical, Inc.

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date: 9/15/06Name: MB  
Monica Pizano

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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CHANGE OF ATTORNEY DOCKET NUMBER

Please change the Attorney Docket No. for this patent application to:

IMMR-IMD0002E

Please amend the appropriate records to reflect this Attorney Docket Number.

Respectfully submitted,  
THELEN REID & PRIEST LLP

Dated: 9/15/06

  
\_\_\_\_\_  
David B. Ritchie  
Reg. No. 31,562